

04/05/01  
JC915 U.S. PTO

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4-6-01

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	39262/256238
First Named Inventor	J. Charles Taylor
Original Patent Number	5,891,143
Original Patent Issue Date (Month/Day/Year)	April 6, 1999
Express Mail Label No.	EL572470492US

1-903 U.S. PTO  
09/02/00

APPLICATION FOR REISSUE OF:  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Offer to Surrender original U.S. Patent  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Other: \_\_\_\_\_

### 14. CORRESPONDENCE ADDRESS

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(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name	PATENT TRADEMARK OFFICE				
Address					
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Country	Telephone	Fax			

NAME (Print/Type)	Kristin D. Mallatt	Registration No. (Attorney/Agent)	46,895
Signature	<i>Kristin Mallatt</i>	Date	4/5/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>							Docket Number (Optional)	
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))		(B)	****	X\$		or	X\$	
(C) Independent Claims (37 CFR 1.16(i))		(D)	*	=			X\$	
Basic Fee (37 CFR 1.16(h))							\$	
Total Filing Fee							\$	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	**	*	X\$		or	X\$
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	*****	=	X\$			X\$
Total Additional Fee					\$		\$710.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>11-0855</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>710.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>April 5, 2001</p> <p>_____</p> <p>Date</p> </div> <div style="width: 60%; text-align: center;"> <p><i>Kristin Mallatt</i></p> <p>_____</p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Kristin D. Mallatt, Reg. No. 46,895</p> <p>_____</p> <p>Typed or printed name</p> </div> </div>								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: J. Charles Taylor and PATENT NO. 5,891,143  
Harold S. Taylor



SERIAL NO.:

GROUP ART UNIT:

FILED: April 5, 2001

EXAMINER:

FOR: ORTHOPAEDIC FIXATION PLATE

ATTORNEY DOCKET NO.: 39262/256238

DATE: April 5, 001

Box Re-Issue  
Commissioner for Patents  
Washington, D.C. 20231

**CERTIFICATE OF MAILING (37 C.F.R. 1.10)**

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown above in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL572470492US addressed to Box Reissue, Commissioner for Patents, Washington, D.C. 20231.

  
Rebecca Smith

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